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PTO/SB/21 (08-00)

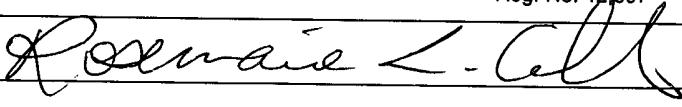
Approved for use through 10/31/2002. OMB 0651-0031

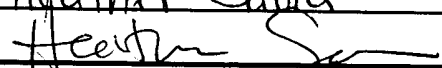
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/322,289	
	Filing Date	May 28, 1999	
	First Named Inventor	Schenk, Dale B.	
	Group Art Unit	1647	
	Examiner Name	Turner, Sharon	
Total Number of Pages in This Submission	9*	Attorney Docket Number	15270J-004740US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (1 pg, in dup.) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (2 pp) w/attached PTO/SB/08A (1 pg) and PTO/SB/08B (2 pp) w/2 volumes of references* (nos. 305-326) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard (1pg)
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
* Note: References not included in total number of pages.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42397
Signature	
Date	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service, Technical Center 1600, VIA HAND DELIVERY addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>10/15/02</u>	
Typed or printed name	Heather Saura
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Date	10/15/02

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PA 3257185 v1

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

Complete if Known

Application Number 09/322,289
 Filing Date May 28, 1999
 First Named Inventor Schenk, Dale B.
 Examiner Name Turner, Sharon L.
 Group Art Unit 1647
 Attorney Docket No. 15270J-004740US

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

Fee Paid

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims	..		
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Small Fee Code	Large Fee (\$)	Small Fee (\$)	Fee Description
105	205	130	65	Surcharge - late filing fee or oath
127	227	50	25	Surcharge - late provisional filing fee or cover sheet
139	139	130	130	Non-English specification
147	147	2,520	2,520	For filing a request for reexamination
112	112	920*	920*	Requesting publication of SIR prior to Examiner action
113	113	1,840*	1,840*	Requesting publication of SIR after Examiner action
115	215	110	55	Extension for reply within first month
116	216	400	200	Extension for reply within second month
117	217	920	460	Extension for reply within third month
118	218	1,440	720	Extension for reply within fourth month
128	228	1,960	980	Extension for reply within fifth month
119	219	320	160	Notice of Appeal
120	220	320	160	Filing a brief in support of an appeal
121	221	280	140	Request for oral hearing
138	138	1,510	1,510	Petition to institute a public use proceeding
140	240	110	55	Petition to revive - unavoidable
141	241	1,280	640	Petition to revive - unintentional
142	242	1,280	640	Utility issue fee (or reissue)
143	243	460	230	Design issue fee
144	244	620	310	Plant issue fee
122	122	130	130	Petitions to the Commissioner
123	123	50	50	Petitions related to provisional applications
126	126	180	180	Submission of Information Disclosure Stmt
581	581	40	40	Recording each patent assignment per property (times number of properties)
146	246	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	249	740	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	279	740	370	Request for Continued Examination (RCE)
169	169	900	900	Request for expedited examination of a design application

180

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$180

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Rosemarie L. Celli

Registration No. (Attorney/Agent)

47,367

Telephone

650-326-2400

Signature

Rosemarie L. Celli

Date

Oct. 14, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Washington, D.C. 20231

On October 15 2002

TOWNSEND and TOWNSEND and CREW LLP

By: Heather Savia

PATENT
Attorney Docket No.: 15270J-004740US
Client Reference No.: 209-US-CIP5

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Schenk, Dale B.

Application No.: 09/322,289

Filed: May 28, 1999

For: PREVENTION AND TREATMENT
OF AMYLOIDOGENIC DISEASE

Examiner: Turner, Sharon L.

Art Unit: 1647

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The references cited on attached PTO/SB/08A and PTO/SB/08B forms are being called to the attention of the Examiner. Copies of the references are enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

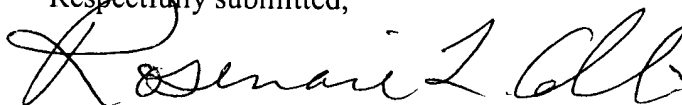
As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference

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M.G.J
10/21/02

should be made that the information and references cited are prior art merely because they are in this statement.

Applicant believes that a fee of \$180.00 is required for submission of this statement, since it is being submitted after the first Office Action, but before the mailing of any final office action, a notice of allowance, or an action that otherwise closes prosecution. The Commissioner is authorized to deduct the \$180.00 fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Rosemarie L. Celli
Reg. No. 42,397

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